PART B - FEE(S) TRANSMITTAL

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35525 75	90 03/09/2006	TPE		mave its own certain	Certificate of Mailing or Transmission		
IDM CODD (VA)				I hereby certify that this Fee(s) Transmittal is being deposited with the United			
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P.O. BOX 802333				transmitted to the USPTO (571) 273-2885, on the date indicated below.			
DALLAS, TX 75380 \ MAY 2 6 200					(Depositor's name)		
	/3	a a				(Signature)	
		TO PROPERTY.				(Date)	
APPLICATION NO.	FILING DATE	!	FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/942,748	9/942,748 08/30/2001		Maria Azua Himmel		AUS920010578US1	9987	
TITLE OF INVENTION: A EQUIPMENT IN A FACIL		D FOR MERGING	G WIRELES	S TELEPHONE SERVICE	E WITH EXISTING WIRED TE	LEPHONE	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	06/09/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
GAUTHIER, GERALD		2645		455-445000			
CFR 1.363). Charge of corresponded of corresponded of corresponded of corresponded of the corresponded of	e address or indication of "F dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Us	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
	RESIDENCE DATA TO B						
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be a 37 CFR 3.11. Completion	elow, no assignee of this form is NOT	data will app La substitute	ear on the patent. If an artfor filing an assignment.	ssignee is identified below, the	document has been filed for	
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Machines Please check the appropriate	e assignee sategory or category	ries (will not be pri	nted on the p	patent): 🗆 Individual &	Corporation or other private gr	oup entity Government	
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1 sale Fee			A check in the amount of the fee(s) is enclosed.				
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